

## Memorandum

Date: November 16, 2009

To: Assistant Commissioner, Field

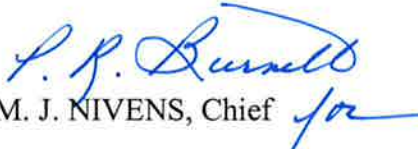
From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Protective Services Division

File No.: 020.9261.A12134.125m.doc

Subject: THIRD QUARTER 2009 COMMAND INSPECTIONS – COMMAND  
ILLNESS AND INJURY CASE MANAGEMENT

As directed by the Comm-Net dated January 9, 2009, Mandatory 2009 Command Inspections, Protective Services Division (PSD) elected to conduct a Command level inspection of: Command Illness and Injury Case Management within PSD. PSD utilized the guidelines and checklists contained in HPM 22.1, Command Inspections Program Manual, Chapter 7.

Attached are the required documents for your review. If you have any questions regarding the attached documents, please contact me or Assistant Chief Pat Burnett at (916) 323-1514.

  
M. J. NIVENS, Chief

Attachments

cc: Office of Inspections

*Safety, Service, and Security*

## Memorandum

Date: September 17, 2009

To: Protective Services Division

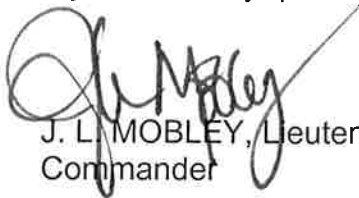
From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Judicial Protection Section

File No.: 021.11545

Subject: QUARTERLY COMMAND INSPECTION

Judicial Protection Section (JPS) has completed its inspection of Chapter 7, Command Illness and Injury Case Management. There were no discrepancies, and comments were noted in the Remarks section for Not Applicable events.

If you have any questions, I can be reached at (415) 865-7900.

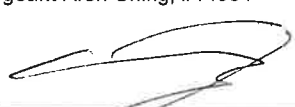
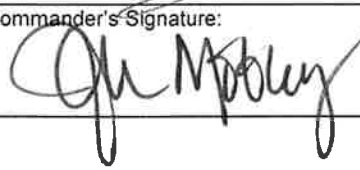


J. L. MOBLEY, Lieutenant  
Commander

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**INSPECTION CHECKLIST**  
Chapter 7  
Command Illness and Injury Case Management

Command: <b>JPS</b>	Division: PSD	Number: 021
Evaluated by: <b>Sergeant Aron Ching, #14984</b>		Date: <b>09/16/09</b>
Assisted by: <b>Sergeant Mike Serrano, #10777</b>		Date: 09/16/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

<b>TYPE OF INSPECTION</b> <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: Sergeant Aron Ching, #14984 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
Date: 09/17/09			
For applicable policy, refer to: HPM 10.7			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injury or death has taken place within this command where this requirement for notification was needed.
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injury or death has taken place where the requirement for notification by phone was necessary.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>JPS</b>	Division: <b>PSD</b>	Chapter: <b>Chapter 7</b>
Inspected by: <b>Sergeant Aron Ching, 14984</b>		Date: <b>09/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection: 5 Hours	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
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Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:	
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Chapter Inspection:
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Inspector's Comments Regarding Innovative Practices: None.
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Command Suggestions for Statewide Improvement: None.
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Inspector's Findings: None.
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Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>JPS</b>	Division: <b>PSD</b>	Chapter: <b>Chapter 7</b>
Inspected by: <b>Sergeant Aron Ching, 14984</b>		Date: <b>09/16/2009</b>

<b>Required Action</b>
<b>Corrective Action Plan/Timeline</b>
None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 09/17/09
	INSPECTOR'S SIGNATURE 	DATE 09/16/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 11/16/09

## Memorandum

Date: September 17, 2009

To: Protective Services Division

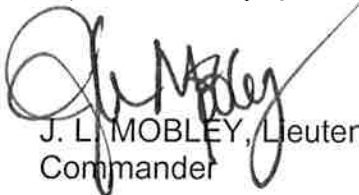
From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Judicial Protection Section

File No.: 021.11545

Subject: QUARTERLY COMMAND INSPECTION

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If you have any questions, I can be reached at (415) 865-7900.



J. L. MOBLEY, Lieutenant  
Commander

*Safety, Service, and Security*



STATE OF CALIFORNIA  
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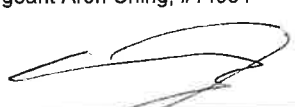
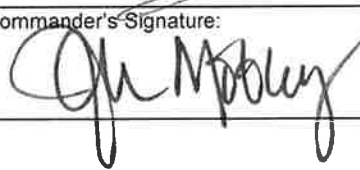
# COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: <b>JPS</b>	Division: PSD	Number: 021
Evaluated by: <b>Sergeant Aron Ching, #14984</b>		Date: <b>09/16/09</b>
Assisted by: <b>Sergeant Mike Serrano, #10777</b>		Date: 09/16/09

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<b>TYPE OF INSPECTION</b> <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: Sergeant Aron Ching, #14984 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
Date: 09/17/09			
For applicable policy, refer to: HPM 10.7			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

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11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
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16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

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26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
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33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injury or death has taken place where the requirement for notification by phone was necessary.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: <b>JPS</b>	Division: <b>PSD</b>	Chapter: <b>Chapter 7</b>
Inspected by: <b>Sergeant Aron Ching, 14984</b>		Date: <b>09/16/2009</b>

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 5 Hours	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
	Due Date:		

Chapter Inspection:
Inspector's Comments Regarding Innovative Practices: None.

Command Suggestions for Statewide Improvement: None.
---

Inspector's Findings: None.
--------------------------------

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
---

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>JPS</b>	Division: <b>PSD</b>	Chapter: <b>Chapter 7</b>
Inspected by: <b>Sergeant Aron Ching, 14984</b>		Date: <b>09/16/2009</b>

<b>Required Action</b>
<b>Corrective Action Plan/Timeline</b>
None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 09/17/09
	INSPECTOR'S SIGNATURE 	DATE 09/16/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 11/16/09

## Memorandum

Date: September 21, 2009

To: Office of Inspections


From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Dignitary Protection Section

File No.: 023.13231.12912

Subject: THIRD QUARTER COMMAND INSPECTION

Dignitary Protection Section (DPS), has completed its third quarter 2009 Command Inspection on chapter seven of HPM 22.1, Command Inspections Program Manual. The inspection included all four DPS sections (023, 024, 026 and 027).

If you should have any questions regarding this request please contact Lieutenant Andy Menard at (916) 324-6501.

  
R. J. OKASHIMA, Captain  
Commander


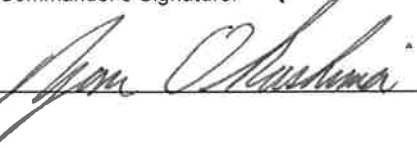
STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**INSPECTION CHECKLIST**

Chapter 7

Command Illness and Injury Case Management

Command: <b>Dignitary Protection Section</b>	Division: <b>Protective Services Division</b>	Number: <b>023</b>
Evaluated by: <b>A Menard</b>		Date: <b>9/11/2009</b>
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

<b>TYPE OF INSPECTION</b> <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		<b>Lead Inspector's Signature:</b> 	
<b>Follow-up Required:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Commander's Signature:</b> 	<b>Date:</b> <b>9/15/09</b>
For applicable policy, refer to: HPM 10.7			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Posted in CPS Clerical
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Posted in CPS Clerical
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Posted in CPS Clerical
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Provided to Officer Baldwin.
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Thankfully this situation has not occurred in our section.
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Thankfully this situation has not occurred in our section.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: Dignitary Protection Section	Division: Protective Services Division	Chapter: 7
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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  1 hour	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:		
<b>Chapter Inspection:</b>			
<b>Inspector's Comments Regarding Innovative Practices:</b>			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

DPS is adhering to the policies as required in HPM 10.6 and 10.7.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

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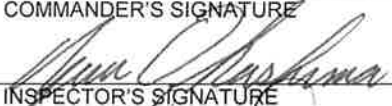

Command: Dignitary Protection Section	Division: Protective Services Division	Chapter: 7
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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

DPS is adhering to the policies as required in HPM 10.6 and 10.7. No required action or corrective action is necessary.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/15/09
	INSPECTOR'S SIGNATURE 	DATE 9/11/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 11/14/09

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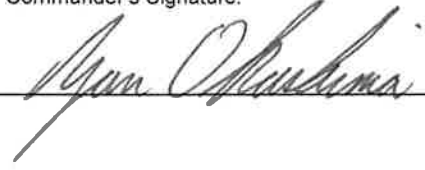
## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

Command: GPD-North	Division: Protective Services	Number: 026
Evaluated by: Craig A. Conduff, Sgt. 13237		Date: 09/22/2009
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 	Date: 09/28/09
For applicable policy, refer to: HPM 10.7			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A      Remarks: No occupational injuries or illnesses.
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries.
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries.
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries or illnesses.
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries or illnesses.
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries, illnesses or exposures.
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries or illnesses.
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No employee participation.
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occupational injuries or illnesses.
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injuries or deaths.
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injuries or deaths.

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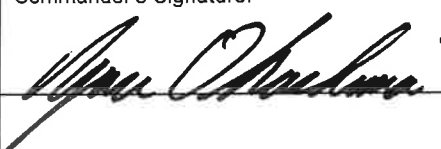
# COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

## Chapter 7

### Command Illness and Injury Case Management

Command: <b>Dignitary Protection Section</b>	Division: <b>Protective Services Division</b>	Number: <b>024</b>
Evaluated by: <b>A Menard</b>		Date: <b>9/11/2009</b>
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: <b>9/15/09</b>	
For applicable policy, refer to: HPM 10.7				
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>				
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
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15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Thankfully this situation has not occurred in our section.
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Thankfully this situation has not occurred in our section.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: Dignitary Protection Section 024	Division: Protective Services Division	Chapter: 7
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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  1 hour	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
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None.

Inspector's Findings:
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DPS is adhering to the polices as required in HPM 10.6 and 10.7.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2


Command: Dignitary Protection Section 024	Division: Protective Services Division	Chapter: 7
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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

DPS is adhering to the policies as required in HPM 10.6 and 10.7. No required action or corrective action is necessary.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/18/09
	INSPECTOR'S SIGNATURE 	DATE 09/17/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 11/14/09

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: GPD-North 026	Division: PSD 020	Chapter: 7
Inspected by: Craig A. conduff, Sgt. 13237		Date: 09/22/2009

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection:  1.0	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
--	--	---

Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date:	
--	------------------------------	--

Chapter Inspection:
Inspector's Comments Regarding Innovative Practices:

None.

Command Suggestions for Statewide Improvement:
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None.

Inspector's Findings:
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None.

Commander's Response: <input type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
---

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
---

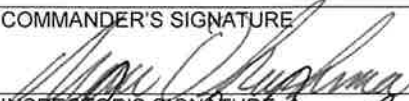

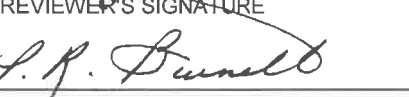
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: GPD-North 026	Division: PSD 020	Chapter: 7
Inspected by: Craig A. Conduff, Sgt. 13237		Date: 09/22/2009

Required Action

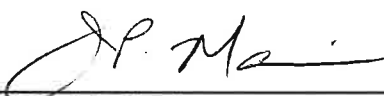
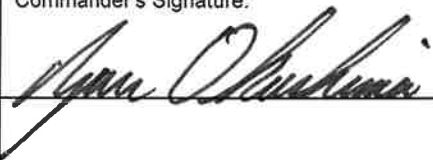
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 09/28/09
	INSPECTOR'S SIGNATURE 	DATE 09/22/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 11/14/09

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**INSPECTION CHECKLIST**  
Chapter 7  
Command Illness and Injury Case Management

Command: <b>GPD-South/027</b>	Division: PSD	Number:
Evaluated by: <b>Sgt. Jim Mair</b>		Date: <b>9/29/2009</b>
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input checked="" type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:  11732, SGT	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: <b>9/30/09</b>
For applicable policy, refer to: HPM 10.7			

**Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.**

1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM

### INSPECTION CHECKLIST

#### Chapter 7

#### Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: <b>GPD-S (027)</b>	Division: <b>PSD</b>	Chapter: <b>7</b>
Inspected by: <b>Sgt. Jim Mair</b>		Date: <b>9/29/2009</b>

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  1.5 Hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: PSD Division  Due Date: 9/30/2009		
<b>Chapter Inspection:</b>			
<b>Inspector's Comments Regarding Innovative Practices:</b>			

All forms and documents properly filed, categorized and located during inspection.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Unit procedures according to departmental policy and procedures.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)


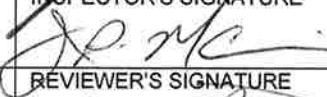

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: <b>GPD-S (027)</b>	Division: <b>PSD</b>	Chapter: <b>7</b>
Inspected by: <b>Sgt. Jim Mair</b>		Date: <b>9/29/2009</b>

Required Action
Corrective Action Plan/Timeline

None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9/30/09</b>
	INSPECTOR'S SIGNATURE 	DATE <b>9/29/09</b>
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE <b>11/16/09</b>

**M e m o r a n d u m**

Date: September 29, 2009

To: Protective Services Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Capitol Protection Section

File No.: 025.11844.12150

Subject: THIRD QUARTER, 2009, INSPECTION OF COMMAND INJURY AND  
ILLNESS CASE MANAGEMENT – CAPITOL PROTECTION SECTION

Capitol Protection Section (CPS) has completed its third quarter inspection of Command Injury/Illness Case Management practices as required by the Office of the Commissioner in a Comm-Net message dated January 9, 2009. A reveal of CPS procedures related to Injury/Illness Case Management revealed Section was in general compliance with policies and procedures outlined in HPM 10.7, Injury and Illness Case Management Manual, based on inspection criteria provided in HPM 22.1, Command Inspection Program Manual, Chapter 7.

This inspection revealed only two deficiencies in program management, both involving notification procedures. Due to the close proximity of Division and Section offices, which are located in the same building, CPS does not normally send Comm-Net messages to Division advising of injuries or illnesses extending beyond 30 days. Notifications are personally made by the Commander or his designee to the appropriate Division representative. Further, CPS records indicate Section has not normally notified the Office of Risk Management, Disability and Retirement Unit of non-disabling or disabling injuries by Comm-Net as required by policy. Contact is normally made via telephone or electronic mail.

Effective immediately, procedures to correct these deficiencies will be implemented as appropriate. Further, Section will perform quarterly audits to ensure compliance with this and other policies associated with Injury and Illness Case Management.

If there are any questions regarding this inspection, please contact me or Sergeant Robert Lapord at (916) 322-3337.



R. P. GHIGLIERI, Captain  
Commander

Attachments

*Safety, Service, and Security*

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL


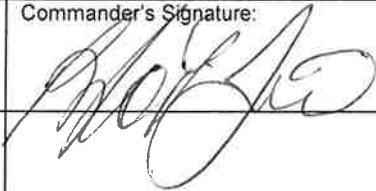
## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

Command: Capitol Protection Section	Division: Protective Services Division	Number: 7 Injury / Illness Case Management
Inspected by: Sgt. Robert LaPord, ID 12201 Evaluated by: Lt. Allen Stallman, ID 12150		Date: 09/28/2009
Assisted by: Not Applicable		Date: 09/28/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Follow-up Inspection 12/31/2009	Commander's Signature: 	Date: 09/29/2009
For applicable policy, refer to: HPM 10.7			
<b>Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.</b>			
1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks: The Command shares a facility with Division. Notifications are normally made directly from the commander to Division.
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A      Remarks:

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

### Command Illness and Injury Case Management

9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original 121s are normally signed within three days of the reported injuries and referred to SCIF. Occasional 121 final drafts reflect signature dates exceeding the three day time frame due to required corrections and/or follow-up information.
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

### Chapter 7

#### Command Illness and Injury Case Management

22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CPS does not normally send Comm-Net messages to ORM/DRU. CPS directly contacts DRU, providing necessary information via email and telephone.
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Command has not had an occurrence of serious injury or death.
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Command has not had an occurrence of serious injury or death.

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**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: Capitol Protection Section	Division: Protective Services Division	Chapter: #7 Injury / Illness Case Management
Inspected by: Sgt. Robert LaPord, ID 12201 Evaluated by Lt. Allen Stallman, ID 12150		Date: 09/28/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 24	<input checked="" type="checkbox"/> Corrective Action Plan Included  <input checked="" type="checkbox"/> Attachments Included
Follow-up Required:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Protective Services Division  Due Date: 09/29/2009		
Chapter Inspection: 7			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

The audit revealed substantial compliance with policy requirements involving the Command Illness/Injury case management practices. Minor discrepancies in procedures as required by Departmental policy were noted involving injury/illness notifications.

Item #6: Due to the fact that PSD and CPS offices are located in the same building, Section does not normally send Comm-Net messages advising Division of injuries that result in employees being off duty for more than thirty days. Rather, this information is provided directly to the Division representative by the Commander, or his designee, via personal contact and/or electronic mail.

Item #28: An inspection of documents and review of current practices revealed CPS does not normally send a Comm-Net message to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of notification to Command of a non-disabling or disabling occupational injury or illness. Contact is normally made via telephone or electronic mail.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Discrepancies were noted and will be corrected within the time frames indicated in the Corrective Action Plan/Timeline Section of this report.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

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Command: Capitol Protection Section	Division: Protective Services Division	Chapter: #7 Injury / Illness Case Management
Inspected by: Sgt. Robert LaPord, ID 12201 Evaluated by Lt. Allen Stallman, ID 12150		Date: 09/28/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

Required Action
Corrective Action Plan/Timeline

Item #6: CPS will inquire of ORM to determine viability of sending a Comm-Net to PSD given the location of both Division and Section in the same building. If required, Section will immediately begin sending Comm-Net messages to Division advising of injuries/illness to employees for periods extending to thirty days or more.


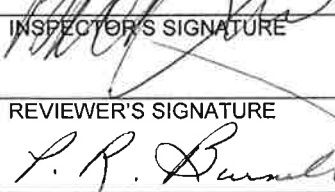
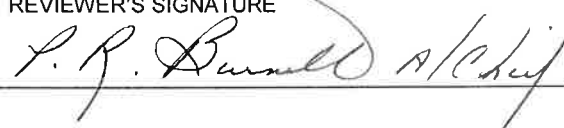
Projected Completion Date: *Immediate Action*

Compliance Report: *December 31, 2009*

Item #28: CPS will immediately adjust reporting procedures to ensure ORM/DRU is alerted via Comm-Net messages to Division advising of all non-disabling or disabling occupational injuries/illness within 24 hours of notification to Command.

Projected Completion Date: *Immediate Action*

Compliance Report: *December 31, 2009*

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 09/28/2009
	INSPECTOR'S SIGNATURE 	DATE 09/28/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 09/28/2009